



Please type a plus sign (+) inside this box _____

	PTO/SB/01 (03-01)
Approved for use through 10	/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPA	RTMENT OF COMMERCE
- 4 4 11 - 4 6 - 6 1 14 14 4 1	I'd OMD - a

Under the Paperwork Reduct	tion Act of 1995, no persons are require	ed to respond to a collection of i	information u	nless it contains a valid OMB contro	l number.				
DECLARATION FOR UTILITY OR DESIGN		Attorney Docket Nun	nber B7	B7150.0001/P001					
		First Named Inventor	r Cl	Clive L. Sangster					
	APPLICATION	COMPLETE IF KNOWN							
(37 CFR 1.63)		Application Number	Not Yet	et Assigned					
Declaration Submitted with Initial OR	Declaration	Filing Date							
	Submitted after Initial Filing (surcharge	Group Art Unit	N/A		_				
Filing	(37 CFR 1.16 (e)) required)	Examiner Name	Not Yet	Assigned	igned				
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: INTERMEDIATE LENS PAD									
the specification of w	•	Title of the Invention)							
is attached here	eto								
was filed on (M	was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application No.	Application No. and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Clain						
0019294.8	. UK	08/07/2000							
Additional foreig	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								





PTO/SB/01 (03-01)
Please type a plus sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all corre	ect all correspondence to: X Customer Number or Bar Code Label			24998			OR Correspondence address below		
Name Dickstein Shapiro Morin & Oshinsky LLP									
Address 2101 L Street, N.W.									
City	Washington			Stat	te D.C.		ZIP	20037	
Country	US Telephone 202-7				785-9700 Fax 202-887-0689				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF S	IAME OF SOLE OR FIRST INVENTOR:					has been filed for this unsigned inventor			
Given Name (first and mic				Family Name or Surname	Sangster				
Inventor's Signature Date									
Residence: C	East Sussex City	United Kingdom Country			Kingdom	Citizenship			
Mailing Address: Summer Place, Moor Hall Drive, Ninfield									
City	East Sussex	State	ZIP	TN3	N33 9JT United Kingdor			nited Kingdom	
NAME OF S	ME OF SECOND INVENTOR: A petition has been filed for this u			this unsigned inventor					
Given Name (first and mid	en Name t and middle [if any]) Clifford M.			Family Name or Surname	Giles				
Inventor's Signature Date									
Residence: C			Uni Country	nited Kingdom		Citizenship			
Mailing 3 Hollin Close, Address: Tunbridge Wells									
City	Kent	State	ZIP	TN4 8EF			United Kingdom		
X Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									



Please type a plus sign (+) inside this box —

DECLARATION				DITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						nas been filed for this unsigned inventor			
Given Name				Family Name		Noakes			
(first and mid	dle [if any])		Tioury	or Surname		Surname	Noares		
Signature	Kent				1241 1			Date	
Residence: C		State			United Kingdom		ngaom	Citizenship	
Mailing Address:									
City	Kent	State		ZIP	TN2	TN2 4EL		United Kingdom Country	
Name of Ad	ditional Joint Invento	r, if any:			A petition h		A petition h	has been filed for this unsigned inventor	
Given Name (first and mid	dle [if any])						amily Name Surname		
Inventor's Signature								Date	
Residence: C	ity	State		Cour	ntrv		;	Citizenship	
Mailing Address:									
City		State		ZIP	Cou			Country	
Name of Ad	ditional Joint Invento	r, if any:			A petition has been filed for this unsigned inventor			nas been filed for this unsigned inventor	
Given Name (first and mid	Family Name first and middle [if any]) Family Name or Surname								
Inventor's Signature	Inventor's				Date				
Residence: C	ity	State		Cour	ntry	,		Citizenship	
Mailing Address:									
City		State		ZIP				Country	
Name of Ad	ditional Joint Invento	r, if any:	f any: A petition has been filed for this unsigned inventor				nas been filed for this unsigned inventor		
Given Name (first and middle [if any]) Family Name or Surname									
Inventor's Signature Date				Date					
Residence: C	ity	State		Cour	ntry			Citizenship	
Mailing Address:			·						
City		State		ZIP				Country	